BEACON

eServices

Provider Manual

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BEACON
eServices Provider Manual
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Introduction

Beacon Health Strategies

Beacon Health Strategies (Beacon) is a behavioral health management organization specializing in the development and management of behavioral health services for health insurance plans. Beacon integrates managed care operations and information technology to improve the quality, effectiveness and efficiency of health and human services. Through deployment of the principles and techniques of total quality management at all levels of operations, Beacon has been able to successfully administer programs that yield both cost savings and improved satisfaction from members and providers.

Beacon provides customers with a number of comprehensive services including managed behavioral health program design, development and implementation, provider network development and management, clinical protocol development, service authorization and utilization management, claims processing, provider contracting and credentialing, and managed care readiness / accreditation services.

Beacon eServices

Beacon eServices is a web-based suite of tools that allow our contracted providers to do business at their convenience. This free service is aimed at improving business processes for providers by allowing secure access to a host of clinical and administrative functions, as well as a multitude of helpful resources. eServices allows you to complete all of the following transactions online:

- Submit claims
- Check real-time claim status
- Print Explanation of Benefit (EOB) information
- Check member eligibility
- Check Psychological Testing
- Check initial encounters used
- Update practice and clinician information
- View or print provider documents such as manuals, forms or bulletins and
- Generate and print reports

eServices transactions take less time to complete than paper submissions, enabling providers to improve productivity. Fax transmission problems, mail delays and most errors are eliminated, and as a result, rework by provider administrative staff is nearly eliminated.

Electronic Data Interchange

Electronic Data Interchange (EDI) is a secure application, accessed through the internet. Health care providers, business associates and vendors who have established trading partner relationships with Beacon, can use EDI as an effective and efficient tool for large volume claim submissions

Authorized representatives of health care providers who render behavioral health treatment to members of the health plans served by Beacon, are eligible to use EDI. EDI enables users to:

Upload EDI files
Check the status submitted files
Download responses and reports

EDI functions are accessible through eServices.

EDI and eServices User Access to Protected Health Information

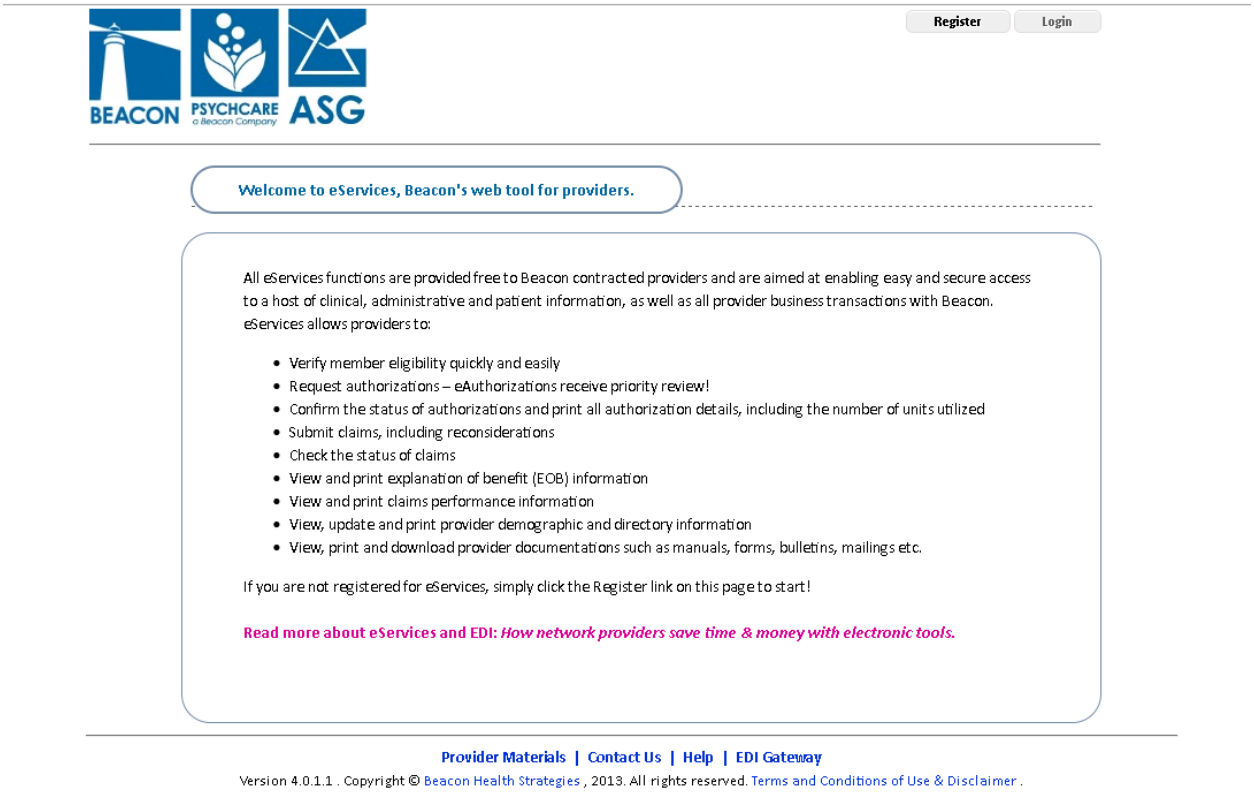
EDI and eServices users may be allowed access to certain confidential or individually identifiable Protected Health Information (PHI) of health plan members. In exchange, users must agree to take certain precautions, comply with certain practices, and implement certain procedures required by applicable law and Beacon for the purposes of guarding data integrity and safeguarding the confidentiality of Protected Health Information.

Beacon eServices

Register to Open an eServices Account

Before using eServices the first time, you must open an account by registering online. This mechanism is designed to protect the extensive member information that is accessible through eServices.

To begin, go to the CHIPA website, http://www.chipa.com/providers.html, and click the PROVIDER ESERVICES quick link on the home page. This will take you to the main eServices page, where you will click REGISTER.


Register
Login
BEACON
PSYCHCARE
a Beacon Company
ASG
Welcome to eServices, Beacon's web tool for providers.
All eServices functions are provided free to Beacon contracted providers and are aimed at enabling easy and secure access to a host of clinical, administrative and patient information, as well as all provider business transactions with Beacon. eServices allows providers to:
Verify member eligibility quickly and easily
Request authorizations – eAuthorizations receive priority review!
Confirm the status of authorizations and print all authorization details, including the number of units utilized
Submit claims, including reconsiderations
Check the status of claims
View and print explanation of benefit (EOB) information
View and print claims performance information
View, update and print provider demographic and directory information
View, print and download provider documentations such as manuals, forms, bulletins, mailings etc.
If you are not registered for eServices, simply click the Register link on this page to start!
Read more about eServices and EDI: How network providers save time & money with electronic tools.
Provider Materials | Contact Us | Help | EDI Gateway
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Registration Step 1: Practice/Organization Identification

To ensure that only authorized individuals open accounts, you will need two very important pieces of information to register:

- National Provider Identifier (NPI) number for your practice or organization
- Tax Identification Number (TIN) for your practice or organization.

Enter these two numbers, and click SUBMIT.

Please do not enter a personal NPI or TIN at registration, unless you are a solo, unincorporated practitioner.

Registration Step 2: Terms and Conditions

Review the eServices Terms & Conditions carefully, including:

- User's Responsibilities and Obligations
- Changes, Updates, Governing Law
- Termination
- Unauthorized Use/Misuse

Accept the terms and conditions. Click NEXT to continue.

Registration Step 3: User Name & Password

Create a unique user name and password that you will use to access the eServices website. The user name you choose is for your use only. Other staff members must create their own unique user names and passwords.

You will also be required to select a secret question and corresponding answer. Choose a question and answer that you will remember, as these will be needed to reset your password in the event that it is lost or forgotten in the future.

Please keep your password written in a secure place as we do not store user passwords in any form. Users can reset their own passwords at any time (See Forgot Password / Reset Password).

Note: User name, password, secret question and secret answer fields are all case-sensitive.

Registration Step 4*:* User and Provider Information:
Enter all user and provider information accurately. Review all entries carefully, and correct any typographical or other errors.

Registration Step 5: Submit and Complete Registration

Click SUBMIT to complete your online registration for eServices.
If you are the first person in your practice to register for eServices, the confirmation email will designate you as the Account Administrator. You will be asked to print, sign and fax the eServices Terms of use to Beacon. Upon receipt and verification, we will activate your account and send an email confirming your eServices registration. The Account Administrator is automatically registered with permission to use all eServices features.

If you are not the first user, the name of the Account Administrator for your organization will be included in the confirmation message and also visible at MY ACCOUNT. The Account Administrator will receive an email notification that you have registered, and can activate your account.

As soon as your account is activated - by us for the first user or by the Account Administrator for subsequent users in your practice -- you will be able to log on and begin using the many great features available through eServices. Note that each user will see only the menu options for which he or she has been given permission.

Log on to Beacon eServices

Go to the CHIPA homepage at www.chipa.com, and choose the eServices quick link at the top right. This will take you to the Login screen.

Enter your user name and password, and click LOGIN. You will be directed to the eServices welcome page, from which you can select any option on the blue menu bar.

Note: To prevent unauthorized employees from viewing confidential member information displayed on your screen, each working session on eServices will expire 30 minutes after you logged on. You will be prompted when 5 minutes are left, and directed to the logon screen. After entering your user name and password, you will automatically be returned to the screen you were using before your time expired.

Account Administrator

How the Account Administrator is assigned:

The Account Administrator for each provider is automatically assigned by us. At group practices and provider organizations who were using eServices prior to September 2008, the individual who appeared to be the highest level user or the only active user was designated as Account Administrator. For providers who are new to eServices during and after September 2008, the first user to register will be designated as the Account Administrator. Solo practitioners are the Account Administrators for their own accounts, but will have limited use for these functions.

Change the Account Administrator

To change the Account Administrator at your practice at any time, email ProviderInquiry@beaconhs.com.

Role of the Account Administrator

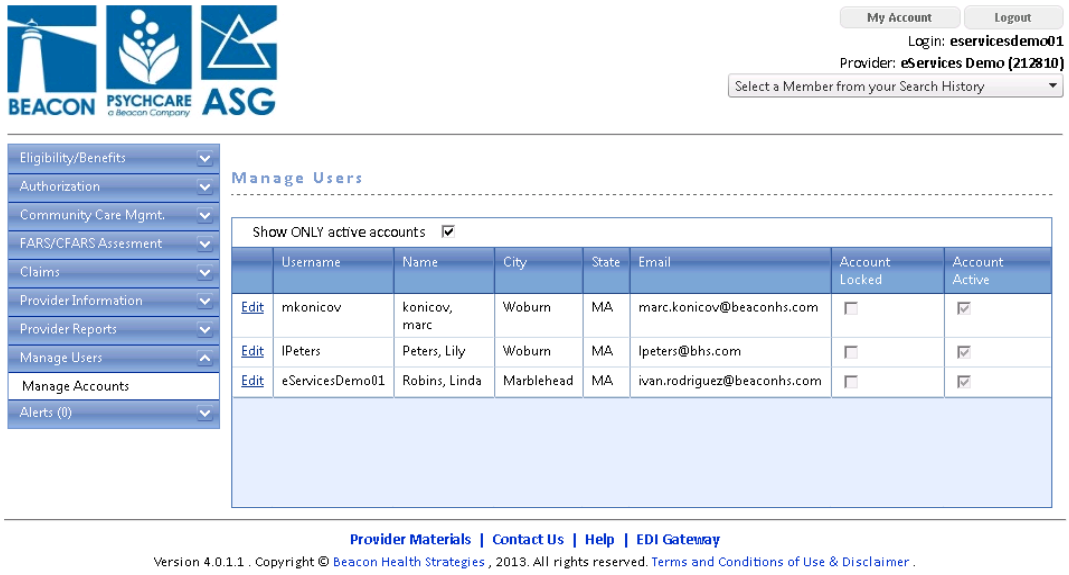
The Account Administrator controls all user accounts within his/her practice or organization and as such, plays a critically important role. The Account Administrator is responsible for activating new users within the group or facility, terminating accounts when staff leaves the practice, and determining which features are available to each user.

Provider Alert! Important Guidelines for the Account Administrator

- To ensure protection of member confidentiality as required by HIPAA, set each user's permission level in accordance with their legitimate "need to know" for Treatment, Payment and/or health care Operations (TPO), and your organization's internal criteria;
- Each user, including you, should use only his/her own username and password;
- Do not create new accounts for users who forget their passwords. Users can reset their own passwords at the log-in screen.
- There is no limit to the number of accounts that can be created at your organization; and
- Remember to deactivate accounts when employees leave the practice, or no longer need to access **eServices.**

Activate a new user:

When a new user registers for eServices (see Registration below), the name of the designated Account Administrator at his/her practice is automatically emailed to the new user. At the same time, the Account Administrator receives an email indicating that the new user has registered, with a link to the eServices logon page. The Account Administrator selects MANAGE USERS / MANAGE ACCOUNTS. The new registrant's name will be visible, but "locked" to indicate that it is not activated. Click on EDIT next to the person's name. Unclick the "locked" box, click the "active" box, and set the user's permission levels.



Set User Permission Levels:

When activating a new user, the Account Administrator will see a list of transactions that can be accomplished through eServices. Simply click the box next to each transaction that the user is authorized to perform, or click again to remove assigned permissions. In compliance with HIPAA confidentiality requirements, please grant access to individual users on a "need to know" basis only.

Reset User Permission Levels

The Account Administrator can modify permission levels for users within his or her organization, at any time. There are two ways to access this ability:

Option 1: Reset Permissions by User

Select MANAGE USERS / MANAGE ACCOUNTS from the blue menu bar. Click EDIT next to the name of the user whose permission levels you wish to change. Check additional roles or uncheck roles no longer appropriate for the user.

Option 2: Reset Permissions by Role

Select MANAGE USERS / MANAGE ROLES from the blue menu bar. Select a ROLE from the drop-down menu at the top of the screen. The left-hand box lists users who are not authorized for the selected role ("unassigned"), and the right hand box shows users who are assigned, i.e., have permission to perform the selected role. Highlight a name in either box, and click the >> or << arrows to move it to the other box.

Terminate or deactivate a user:

To protect member confidentiality, it is very important to "lock" the accounts of users who leave the practice. To do so, go to Manage Users/Manage Roles and click "edit" next to the user's name. Click to remove the checkmark in "active" and to place the checkmark in "locked." It is also important to notify Beacon that the clinician has left the practice. (See Edit Provider Information/Edit Site/Terminate Clinician).

Note: To prevent unauthorized employees from viewing confidential member information displayed on your screen, each working session on eServices is set to expire 30 minutes after you logged on. You will be prompted when 5 minutes are left, and directed to the logon screen. After entering your user name and password, you will automatically be returned to the screen you were using before your time expired.

Forgot Password / Reset Password

eServices allows an immediate password reset option should you lose or forget your password. Note that do not store user passwords in any form.

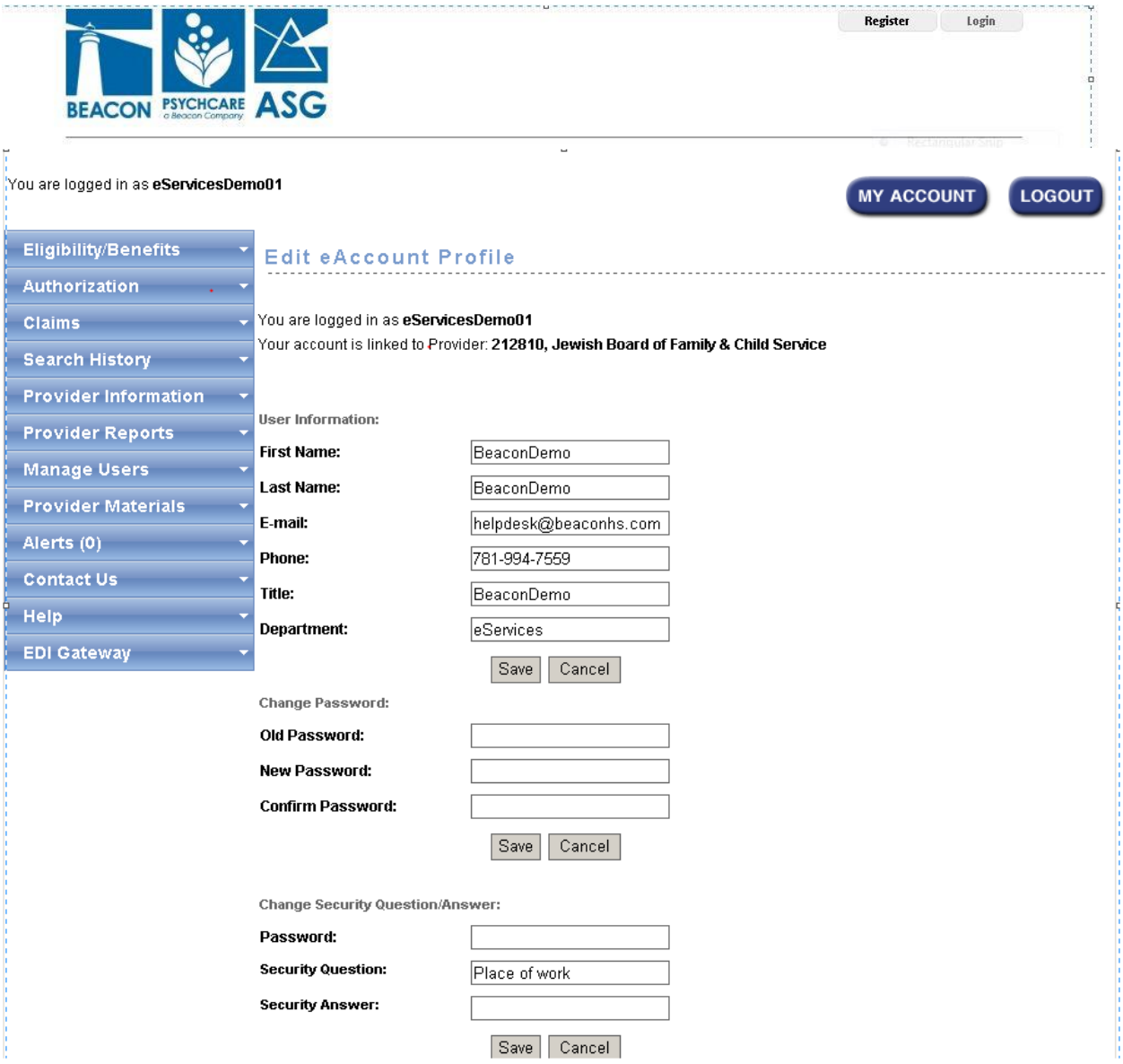
If you lose your password, create a new password according to the instructions below. DO NOT re-register as a new user. On the eServices login page, simply scroll to the lower half of the page and click the "FORGOT PASSWORD?" link. You will be asked to enter your user name, and then to answer the secret question you selected when you registered. Below your answer, fill in a new password.

A message will appear verifying that you have successfully reset your password, and a confirmation will automatically be sent to you by email.

You can also change your password at any time, by clicking on the "MY ACCOUNT" button at the top of the screen. See "View and Edit Account Information."

View and Edit Account Information

Account Administrators and all other users can view their own account set-up, by clicking the "My Account" button at the top of most eServices screens. Here you can edit your user name and other information, change your secret question or password, and find the Account Administrator for your practice.



Note: User names and passwords for eServices are unique to each user and are not to be shared. We will disable any account that is not accessed for more than two months, or any account that is being used by a person other than the intended user.

Find a Member

Most transactions available in eServices are member-specific. There are 2 ways to search for members:

Quick Search

Click SEARCH HISTORY on the blue menu bar to find all members for whom you have searched in the last 10 days. Select the member you need.

Standard Member Search

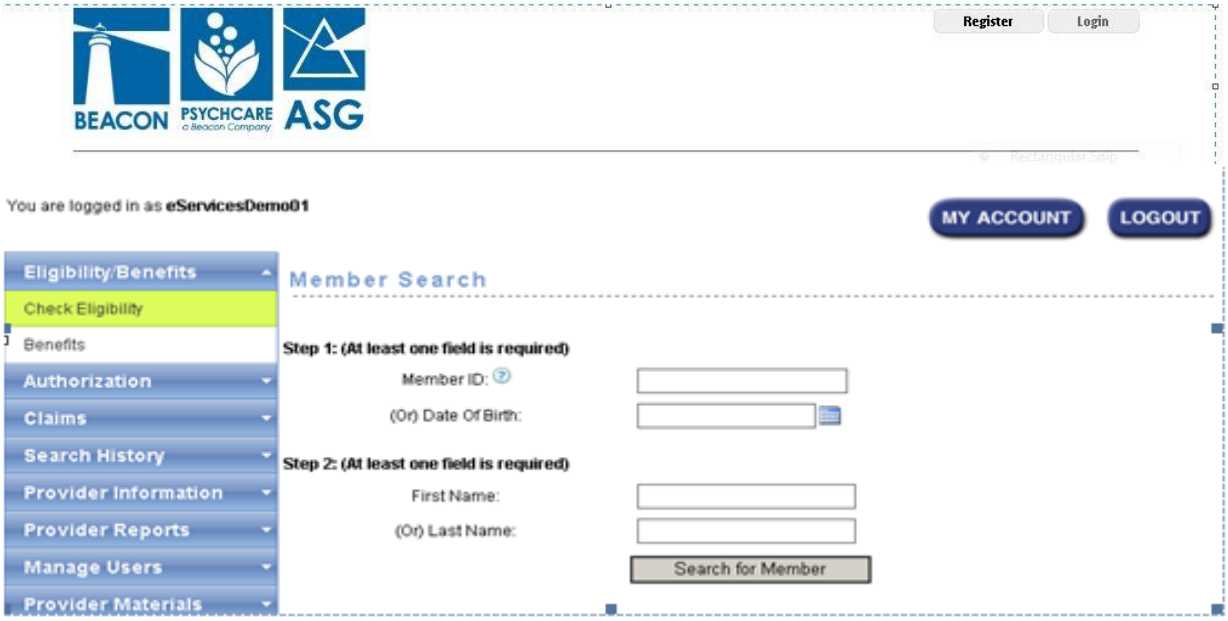
For all other members, click ELIGIBILITY, AUTHORIZATIONS or CLAIMS on the blue menu bar and choose any member-specific function, (e.g., submit authorization, submit claim, check eligibility, etc.) This will take you to the member look-up screen. You will need two identifying data elements unique to the member:

- Enter the Member's identification number ***or*** Date of Birth

And

- Enter the member's first ***or*** last name.

Click SEARCH. Records for all members who match the search criteria will appear. Select the member you are treating.



Note: Due to restrictions set forth by the federal Centers for Medicare and Medicaid Services (CMS), information about individual Medicare members is not accessible via eServices. Please call us at the applicable phone number below:

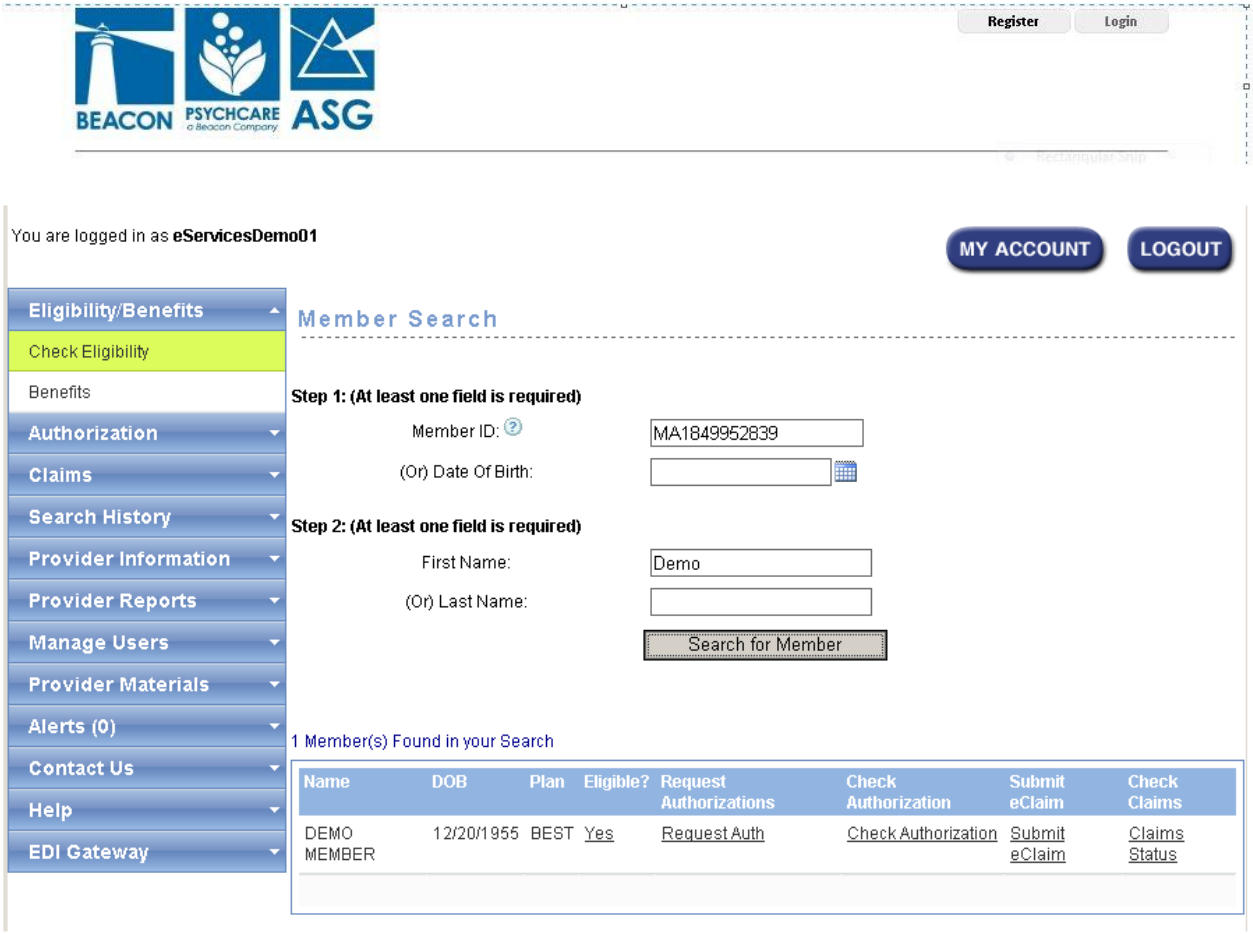
Plan Name	Medi-Cal
Alameda Alliance	855-765-9699
Central CA Alliance for Health	855-765-9700
LA Care	877-344-2858
Care 1st	855-765-9701
Gold Coast	855-765-9702
Partnership Health Plan	855-765-9703
Kern	855-371-8090
San Joaquin	855-371-3938

ELIGIBILITY and BENEFITS

Eligibility and benefit information can be retrieved for a specific member or for each benefit category (Medicaid, Commercial, etc.) within a particular health plan.

Check Member-Specific Eligibility and Benefits

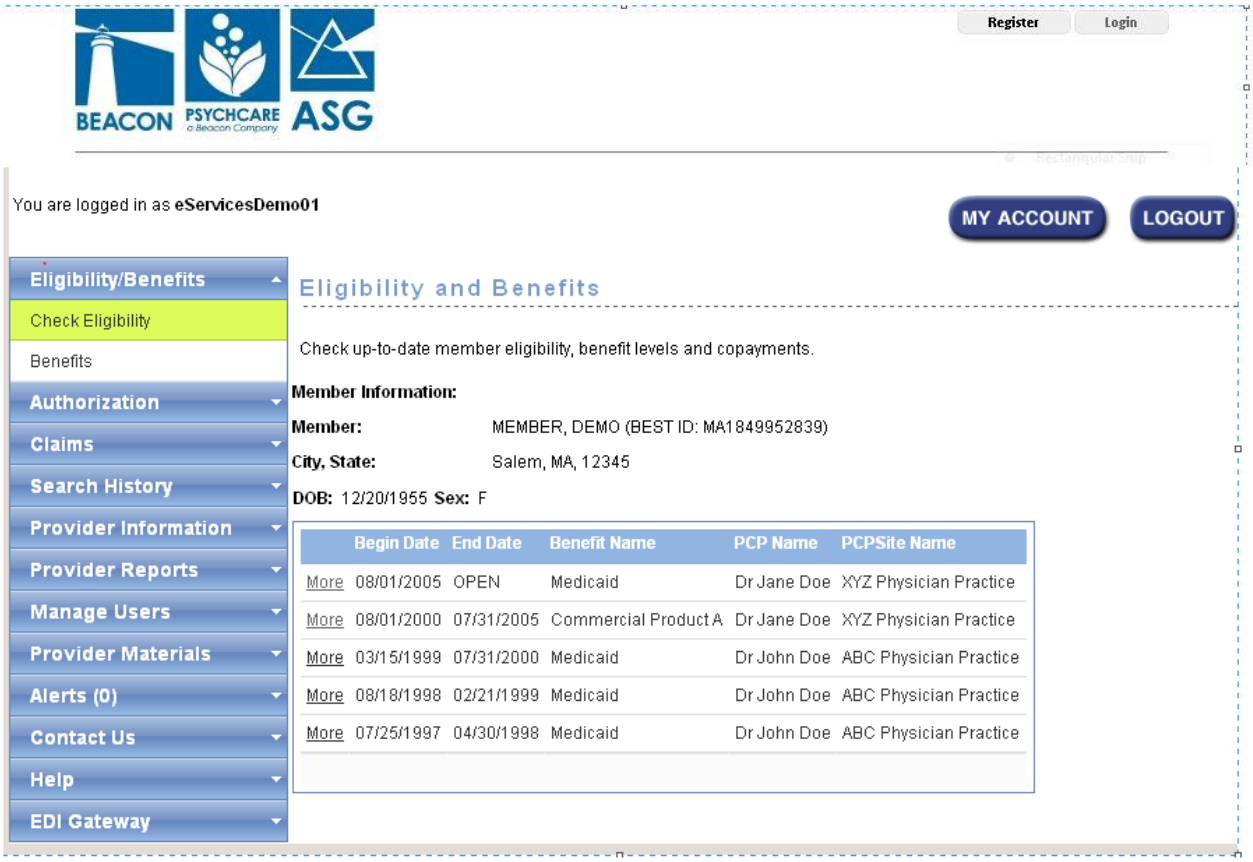
On the blue menu bar, choose ELIGIBILITY/BENEFITS / CHECK ELIGIBILITY, which will take you to the MEMBER SEARCH screen. Select the member whose eligibility and benefits information is needed, as described above. The member's record indicates whether the member is currently eligible for benefits, as a "Yes" or "No" under ELIGIBLE. (Note that you can also proceed to request or check an authorization, submit a claim, or view claims status from this screen.)



Note: Due to restrictions set forth by the federal Centers for Medicare and Medicaid Services, information about individual Medicare members is not accessible via eServices. To view general Medicare benefit information, select see Benefits by Health Plan below.) For individual information about a Medicare member, please call us at the applicable phone number below:

Plan Name	Medi-Cal
Alameda Alliance	855-765-9699
Central CA Alliance for Health	855-765-9700
LA Care	877-344-2858
Care 1st	855-765-9701
Gold Coast	855-765-9702
Partnership Health Plan	855-765-9703
Kern	855-371-8090
San Joaquin	855-371-3938

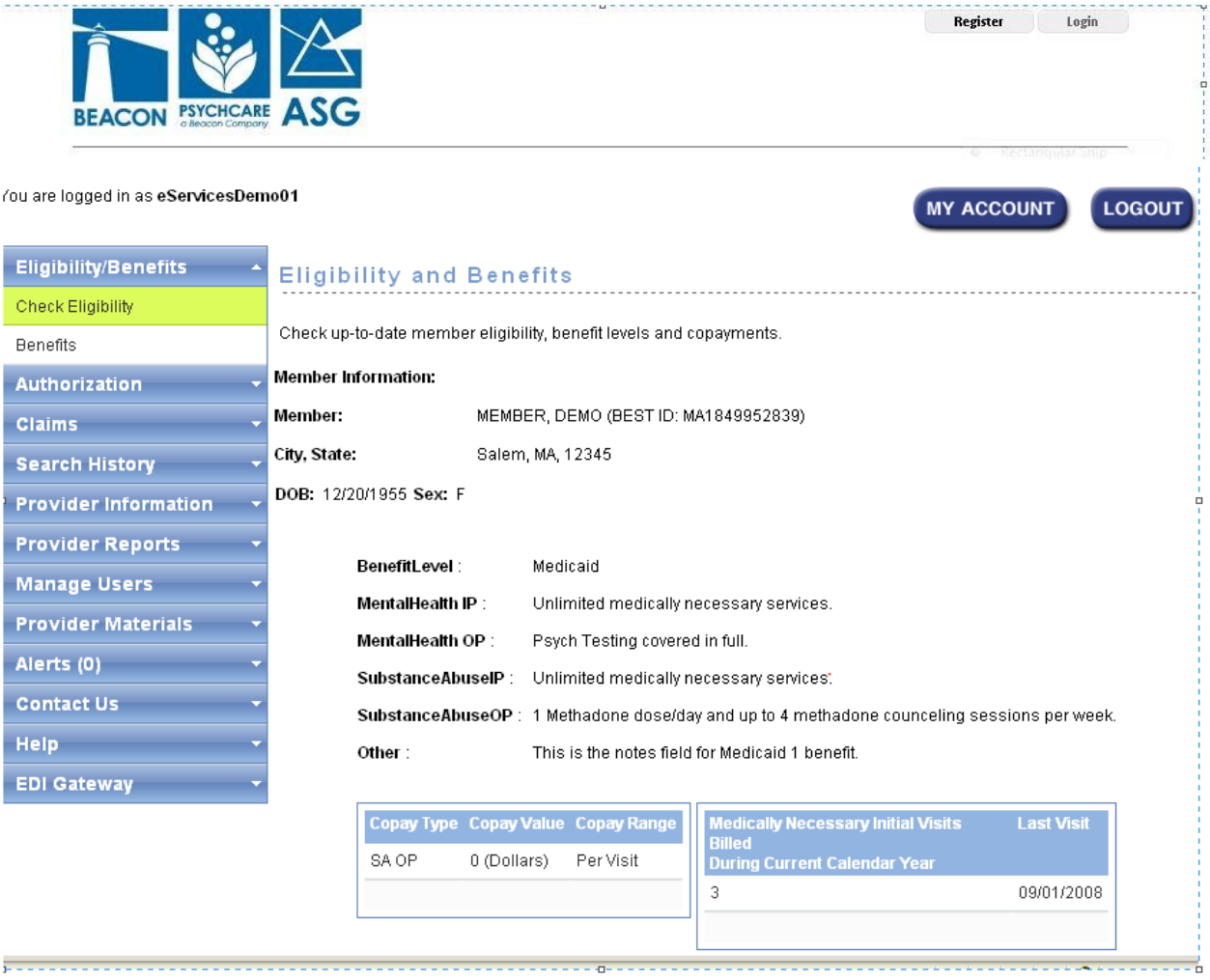
Click the YES or NO entry and the member's basic demographic information will appear, including name, city and state of residence, and date of birth. Below that, you'll find a history of the member's health plan eligibility, along with his or her Health Plan, benefit type (e.g., Medicaid, Commercial), PCP name, and PCP practice name.



Click MORE next to the time period under "Eligible?" to see the following additional information about the selected member:

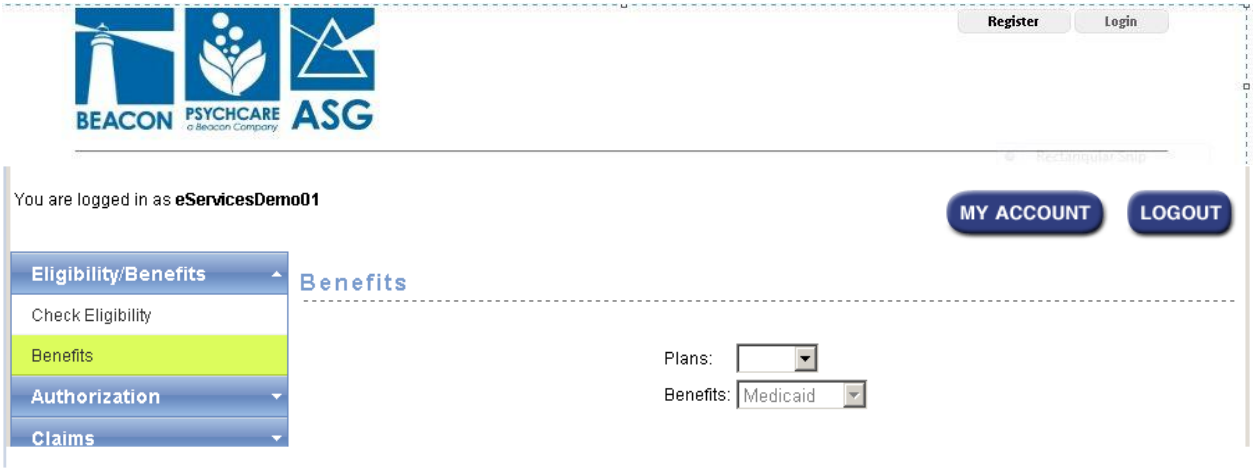
- Coverage for Outpatient Mental Health and Substance Abuse benefits
- Coverage Inpatient Mental Health and Substance Abuse benefits
- Copayment amount, if any.
- Number of medically necessary initial visits not requiring authorization, that have been paid to all behavioral health providers for the member in the current year or period. (Note that this number *does not* reflect initial visits attended by the member but not yet billed.)

***Note:** Due to restrictions set forth by the Centers for Medicare and Medicaid Services, information about individual Medicare members is not accessible via eServices. To view general Medicare benefit information, select* **see Benefits by Health Plan below.**



View Benefits by Health Plan

To view benefits levels within a particular health plan, click BENEFITS/ELIGIBILITY then BENEFITS from the blue menu bar. Choose the health plan and benefit type that you wish to view.



A summary of inpatient and outpatient mental health and substance abuse benefits will appear.

Psychological Testing

Request an Authorization for Psychological and Neuropsychological Testing:
eServices users request authorization for psychological and neuropsychological testing. Requests submitted through eServices get priority over requests submitted by fax or mail.

To create and submit a psychological or neuropsychological testing request, choose PSYCHTESTING from the blue tool bar. This will take you to the member search function, to find the member you are treating. (See Find a Member)

Confirmation of Submission – Landing Page

BEACON
PSYCHCARE
ASG
My Account
Logout
Login: PROVIDER
Provider: [redacted]
Select a Member from your Search History
Eligibility/Benefits
Authorization
PsychTesting
PsychTesting
Claims
Manage Providers
Manage Alerts
Provider Information
Provider Reports
Manage Users
Alerts (0)
Click Here to go back to member search
Print this page
Thank you for completing Beacon Health Strategies' PsychTesting request.
The reference number for your request can be found below. Please keep this number for your records and to access this record in the future. Note that this number is not an authorization number for use in submitting a claim. The authorization number will be available in the authorization section of e-Services within an hour of submitting your request.
Date: 8/13/2012
Dear PROVIDER
Thank you for completing this PsychTesting Request for the following member:
Member Name: DEMO, MEMBER (Commercial: 1234568)
Member Plan: BEST
Member DOB: 10/16/2001
Reference #: 1000000
From Date: 8/25/2012 To Date: 11/23/2012
We thank you in advance for your collaboration in ensuring that the members receive the best clinical care.
Thank you.
Sincerely,
Clinical Management Department
Beacon Health Strategies, LLC
Provider Materials | Contact Us | Help | EDI Gateway
This site is optimized for Internet Explorer (IE9) and higher; it requires JavaScript to be enabled.
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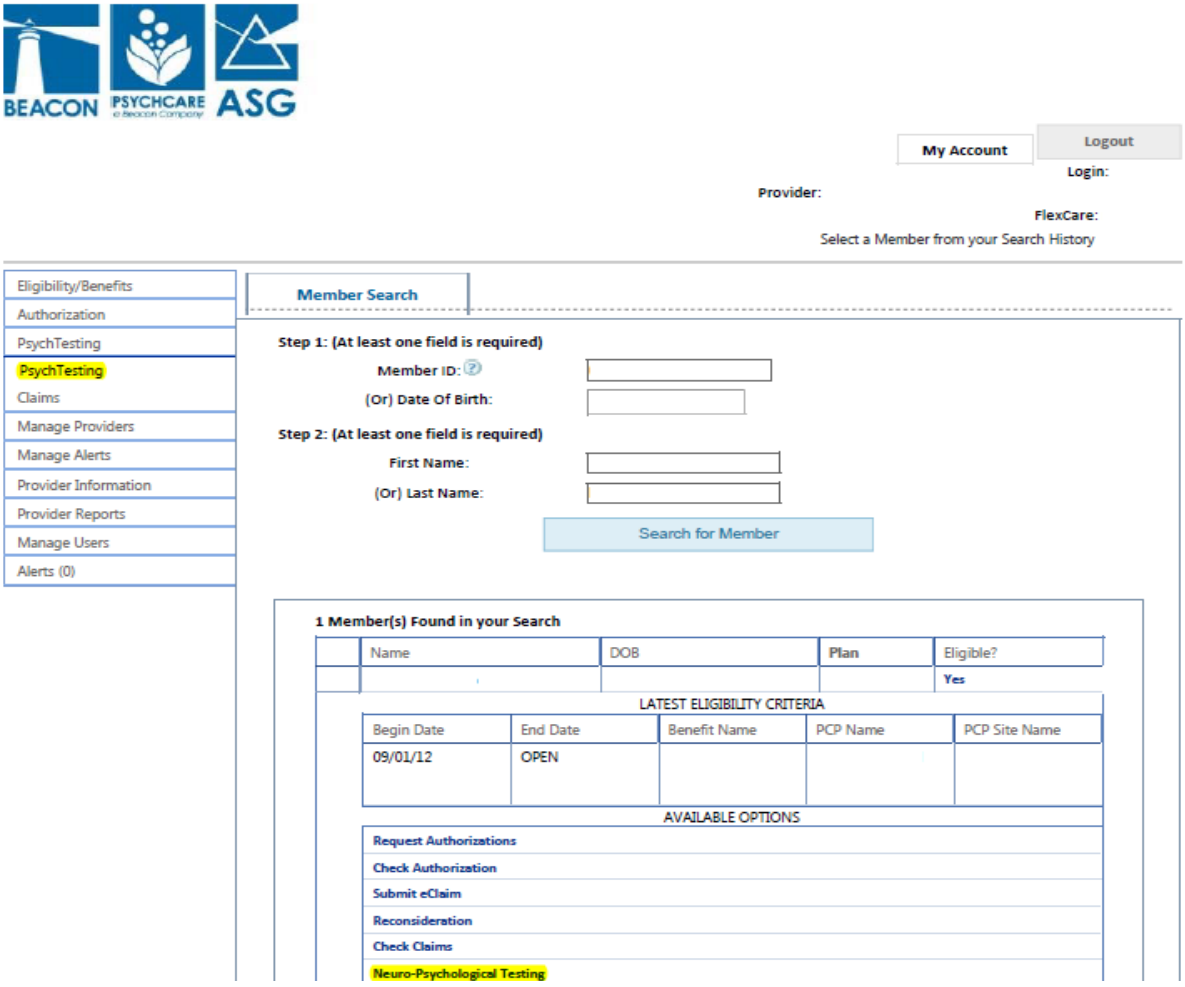
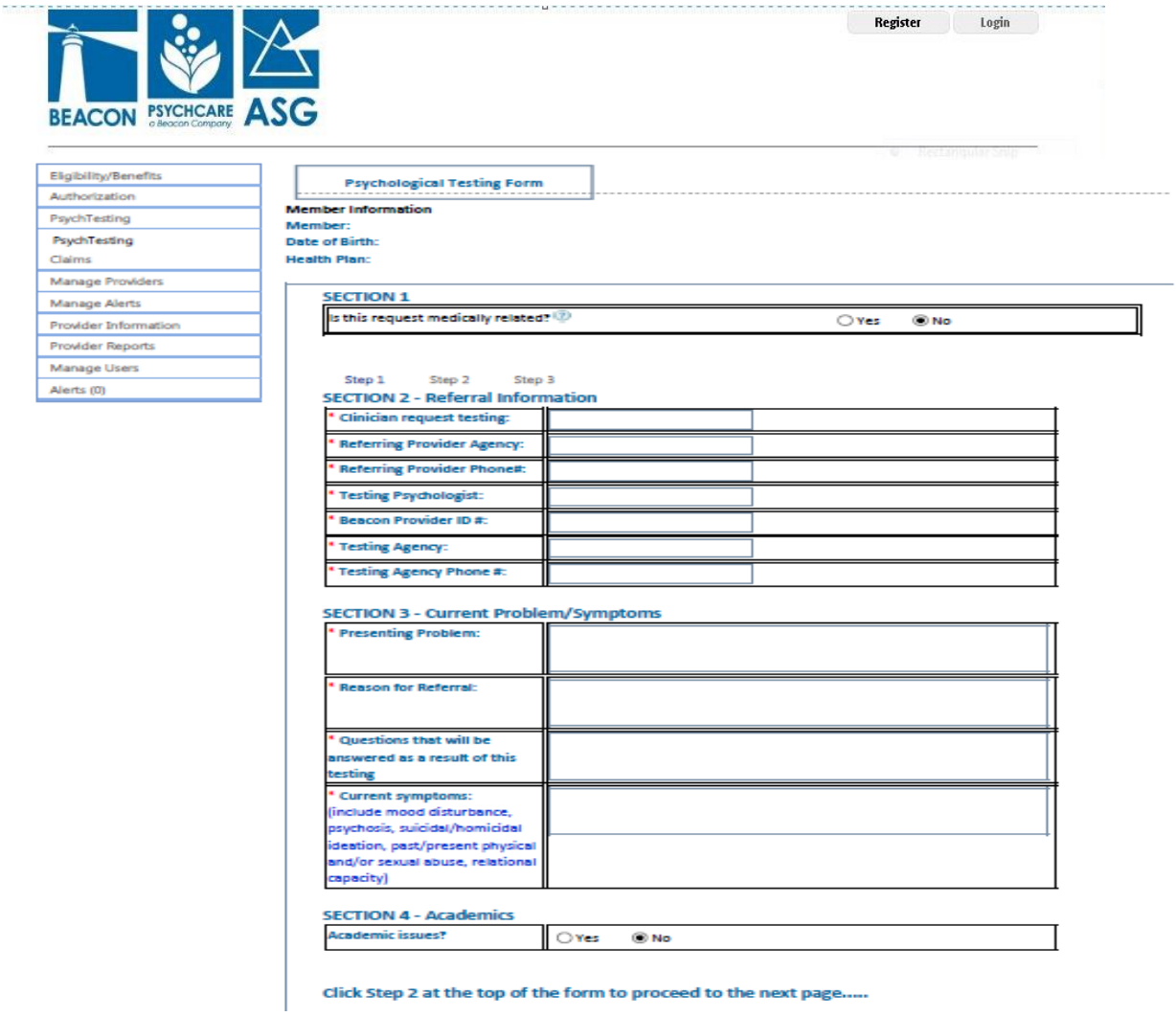
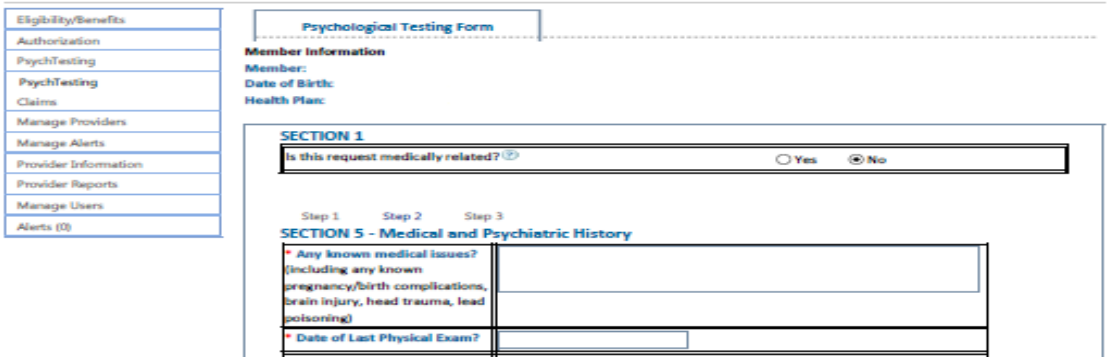
Once you have selected a member, click the NEURO-PSYCHOLOGICAL TESTING link in the member's record summary near the bottom of the page.



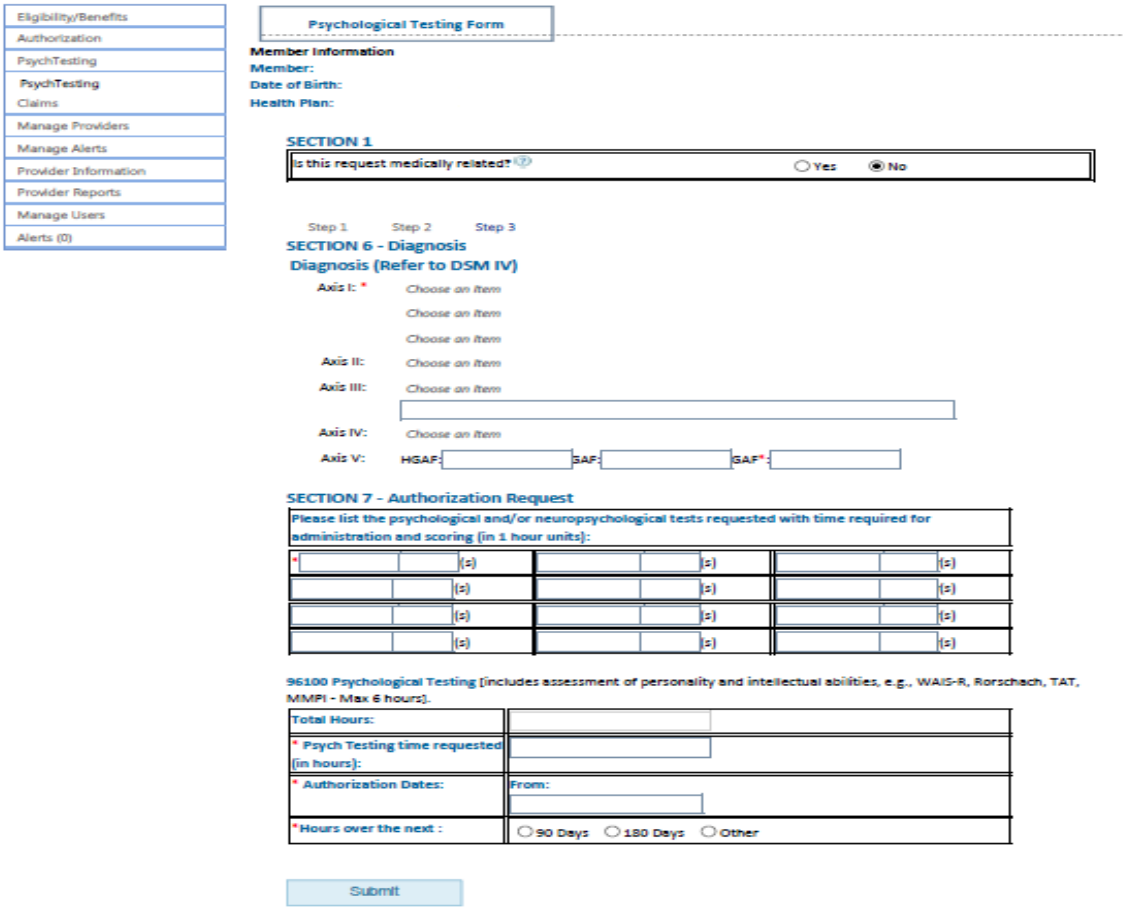
On the following page, complete all fields in SECTION 1, SECTION 2, SECTION 3, and SECTION 4 on the Psychological Testing Form. To continue, click STEP 2, located near the top of the page between SECTION 1 and SECTION 2.



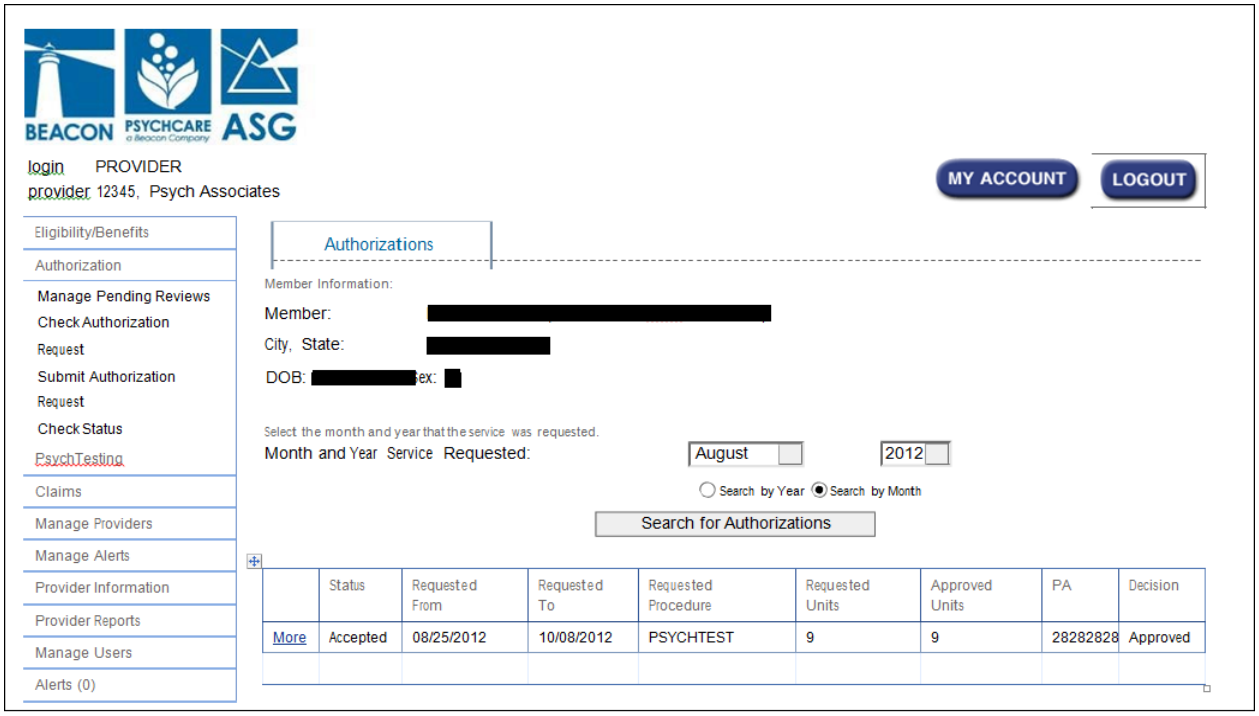
On the next page, complete SECTION 5 and SECTION 6. To move on, select STEP 3, located near the top of the page between SECTION 1 and SECTION 5.



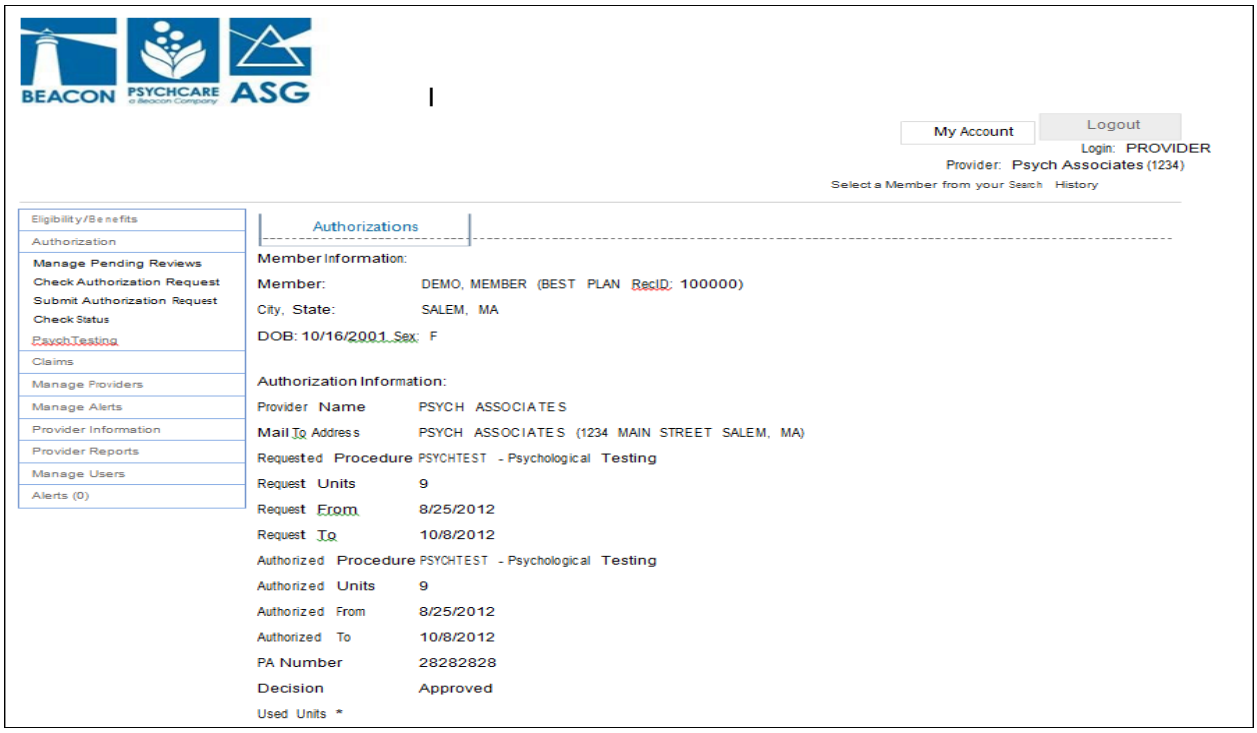
STEP 3 is the final page in the psychological testing request. Once SECTION 6 and SECTION 7 have been completed, click SUBMIT located at the bottom of the page. You will immediately receive a printable confirmation, reference number.



Authorization Confirmation/Search.



If user clicks “more” on the screen above….Authorization Detail Page.

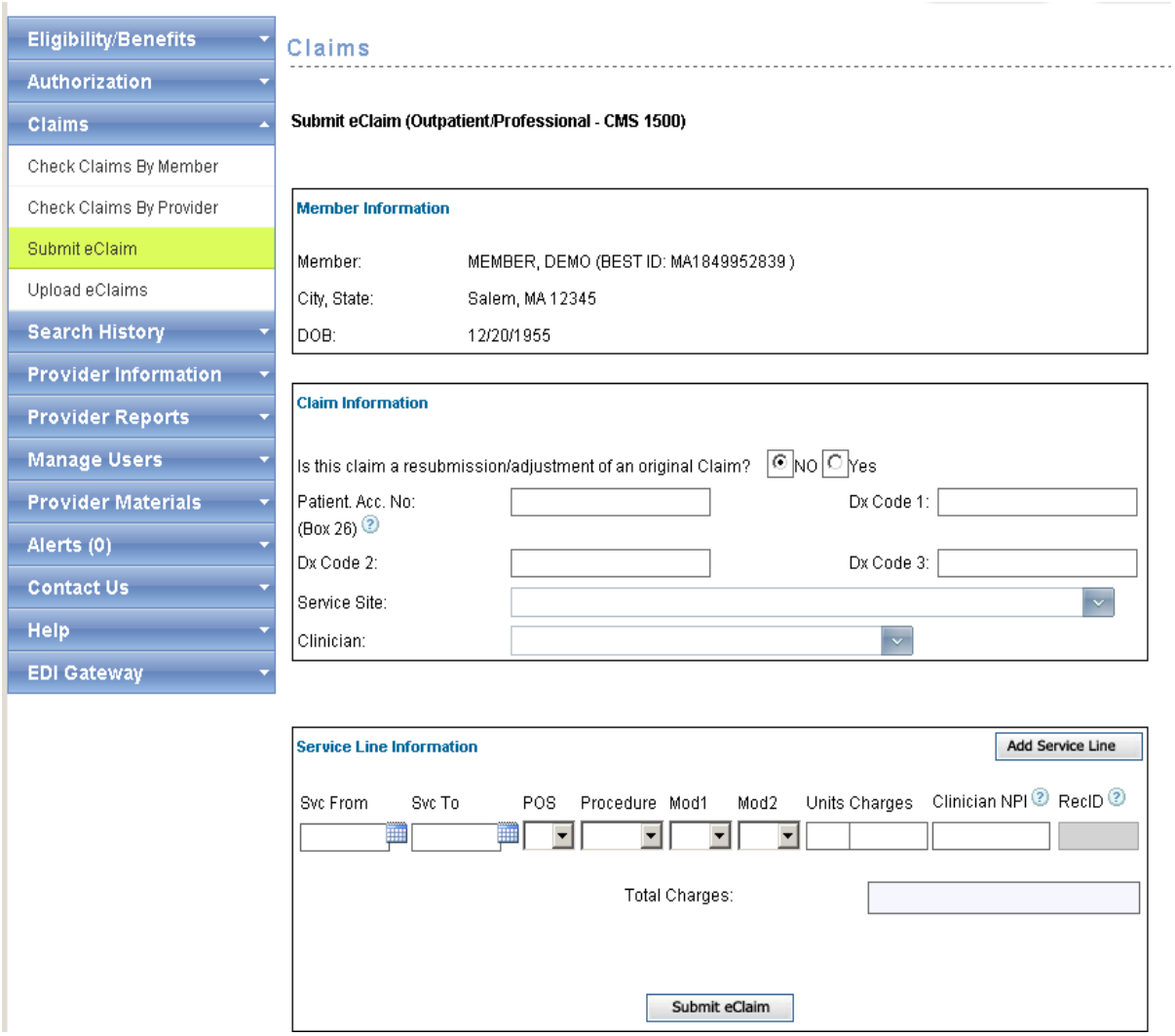


Claims

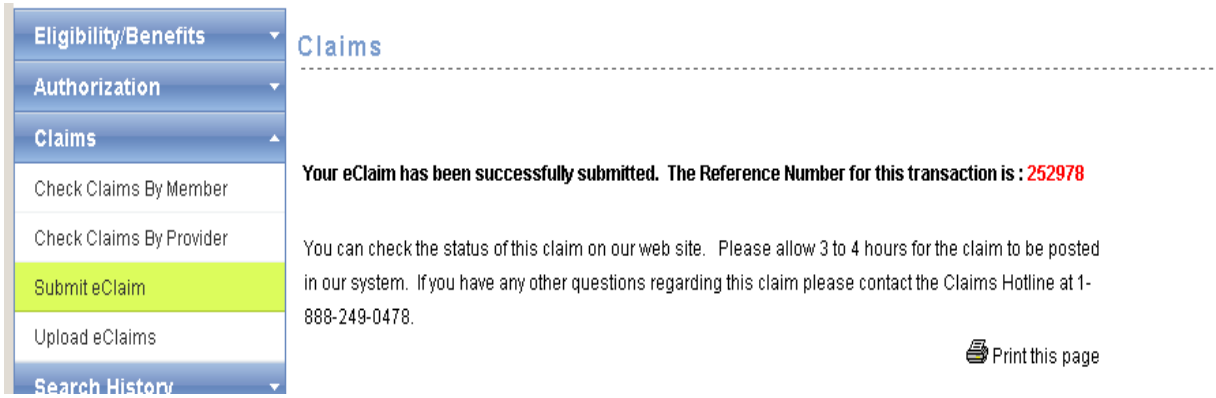
Submit Claims

Providers can submit outpatient and inpatient claims directly via eServices. The process is fast and easy, and saves time and resources for providers. The eClaim includes critical fields from the CMS 1500 form for outpatient services, and from the UB 04 for inpatient services. However, since much of the required provider and member information is already in our database, you fill out fewer fields in eServices than on the paper forms.

To submit a claim, choose CLAIMS / SUBMIT ECLAIM from the blue menu bar. Search for the member, then click SUBMIT CLAIM in the member record summary. The member's name and health plan identification number, city, state and date of birth, will automatically populate on the eClaim. Complete all required fields (a primary diagnostic code is required; secondary and tertiary diagnostic codes are optional). For outpatient claims, only one service date (not a date range) will be accepted for each line. Additional dates of service (claim lines) can be added by clicking ADD SERVICE LINE in the final box.



When done, click SUBMIT ECLAIM. A confirmation screen will immediately appear, with the claim reference number for future inquiries. All claims information remains available to you in eServices, and the confirmation screen can be printed for your records, as well.


Eligibility/Benefits
Authorization
Claims
Check Claims By Member
Check Claims By Provider
Submit eClaim
Upload eClaims
Search History
Claims
Your eClaim has been successfully submitted. The Reference Number for this transaction is : 252978
You can check the status of this claim on our web site. Please allow 3 to 4 hours for the claim to be posted in our system. If you have any other questions regarding this claim please contact the Claims Hotline at 1-888-249-0478.
Print this page

Check Claims Status

Any user can view the status of claims that he or she has submitted. Additionally, users who have been authorized by their Account Administrator to review claims, can view the status of all claims submitted by the practice or organization. Claims status is available on eServices regardless of how the claim was submitted. In most cases, the status of a claim is posted on eServices within the following timeframes:

Method of Claim Submission	Status Posted Within:
eServices	1 hour
EDI	1 hour
EMDEON	1 hour after receipt from EMDEON (usually 24 hours after provider sends to EMDEON)
Paper	21 days

Check Claims Status by Member

On the blue menu bar, choose CLAIMS / CHECK CLAIMS BY MEMBER. Enter required information to find the member and CLAIMS STATUS on the member's summary record. At the next screen, choose whether you wish to search by year or by month. If searching by month, enter the month and year of your search. If searching for a full year, enter *any* month, and the year you wish to search.

The member's identifying information will appear, along with a count of claims that have been submitted and paid on behalf of the member; this information helps providers to determine how many of the member's initial authorization-free visits have been used by all treating providers combined. Note that the number shown *does not* reflect visits that have not been billed and paid.

Scroll down to see a list of all claims submitted for the member in the selected time period. Each summary claim line includes the provider's invoice number, our record number, dates of service, procedure code, adjudication decision, and payment status. Note that you can sort the list by clicking on any column heading. To resubmit a claim that denied, click on RESUBMIT at the far right of that claim line. Click More at the beginning of any claim line, to see additional detail including the reason for denial.

Check the bottom of the screen to see if the list of claims continues onto other pages. Move from page to page by clicking the arrows.

Check Claims Status for Practice or Organization

Select CLAIMS / CHECK CLAIMS BY PROVIDER on the blue menu bar. Enter the month and year you wish to search, and a list of claims submitted within that timeframe will appear below. Check the bottom of the screen to see if the list of claims continues onto other pages. Move from page to page by clicking the arrows.

Resubmit a Denied Claim

If a claim is denied by us because it contained invalid or incorrect information, you may resubmit the claim following timely filing guidelines. Follow the instructions for checking claim status, then click RESUBMIT at the end of that service line to be resubmitted. All information submitted on the original claim will display. Correct the data element(s) that caused the claim to deny, and click Submit. You then have an option to review claim, if additional edits are needed click "edit claim", if not additional edits are needed click submit claim.

Submit a Claim Adjustment

If you were overpaid or underpaid for a claim you can submit a claims adjustment via eServices. Follow the instructions for submitting a claim. Under the Claim Information section. Answer yes to "Is this claim a resubmission/adjustment of an original Claim?" This will open the REC ID entry field under Service Line Information Section. Enter the REC ID of the claim you wish to adjust. It is important to remember that you can only adjust a claim that has paid.

Request Reconsideration of a timely filing denial

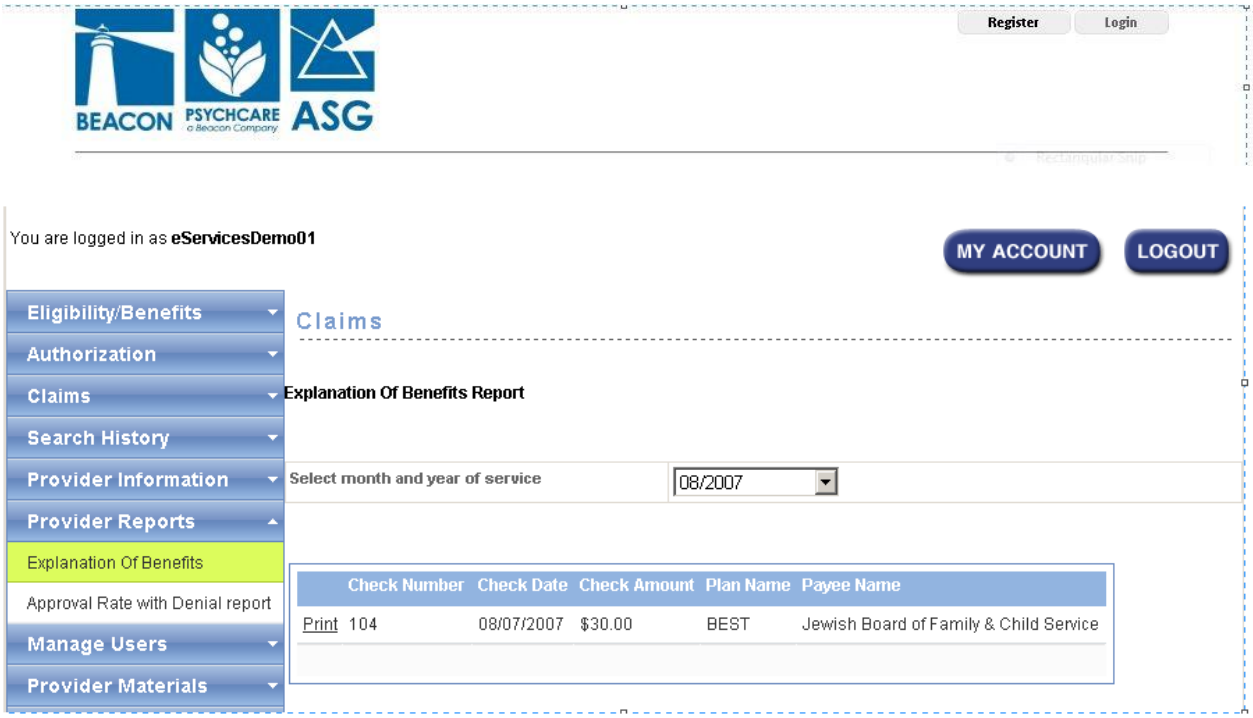
When a claim falls outside of all timely filing for resubmission, a provider may submit a request for a reconsideration of the timely filing rules. To submit a request for reconsideration of timely filing denial, first find the member through SEARCH HISTORY on the blue menu bar. Select your member and then under action select SUBMIT RECONSIDERATION. Select the type of claim and enter all required claims field. Please explain why you are requesting a waiver of timely filing in the EXPLANATION free text field. Please note that filing such a request is not a guarantee of payment. The request will be reviewed and a determination will be posted on a future Explanation of Benefit statement.

Reports

eServices enables users to view and print Explanation of Benefits (EOB) and Claims Approval/Denial reports.

Explanation of Benefits

To print an Explanation of Benefits (EOB) form, select PROVIDER REPORTS / EXPLANATION OF BENEFITS from the blue menu bar. Select a month and year and a list of claims submitted in that time period will appear. Click PRINT next to any claim, to display a screen view of the EOB. Click the printer icon at the top of the page to print a hardcopy.



Claim Approvals and Denial Report

Authorized users can view aggregate claims information for their entire practice or organization, by month. Select PROVIDER REPORTS / CLAIMS APPROVAL WITH DENIAL REPORT from the blue menu bar. The report displays a table and pie charts, showing the number and percent of claims approved, and of claims denied for various reasons. These calculations are provided both by member and by all claims, since any single member may have multiple claims. Move your mouse over denial codes in the table, to see a full description. Similarly, move your mouse over any segment of the pie charts, to see its title. If your practice is contracted with us to serve more than one health plan, results for each health plan are displayed separately.

Press CONTROL/P or click the printer icon to print this report.

Practice Demographics and Capabilities

Add and Update Practice Information

Providers are contractually required to notify us of material practice changes, including the addition or departure of outpatient clinicians. To make this as easy as possible, providers can now add and maintain their detailed practice information online, thus avoiding calls to Beacon and completion of detailed paper forms.

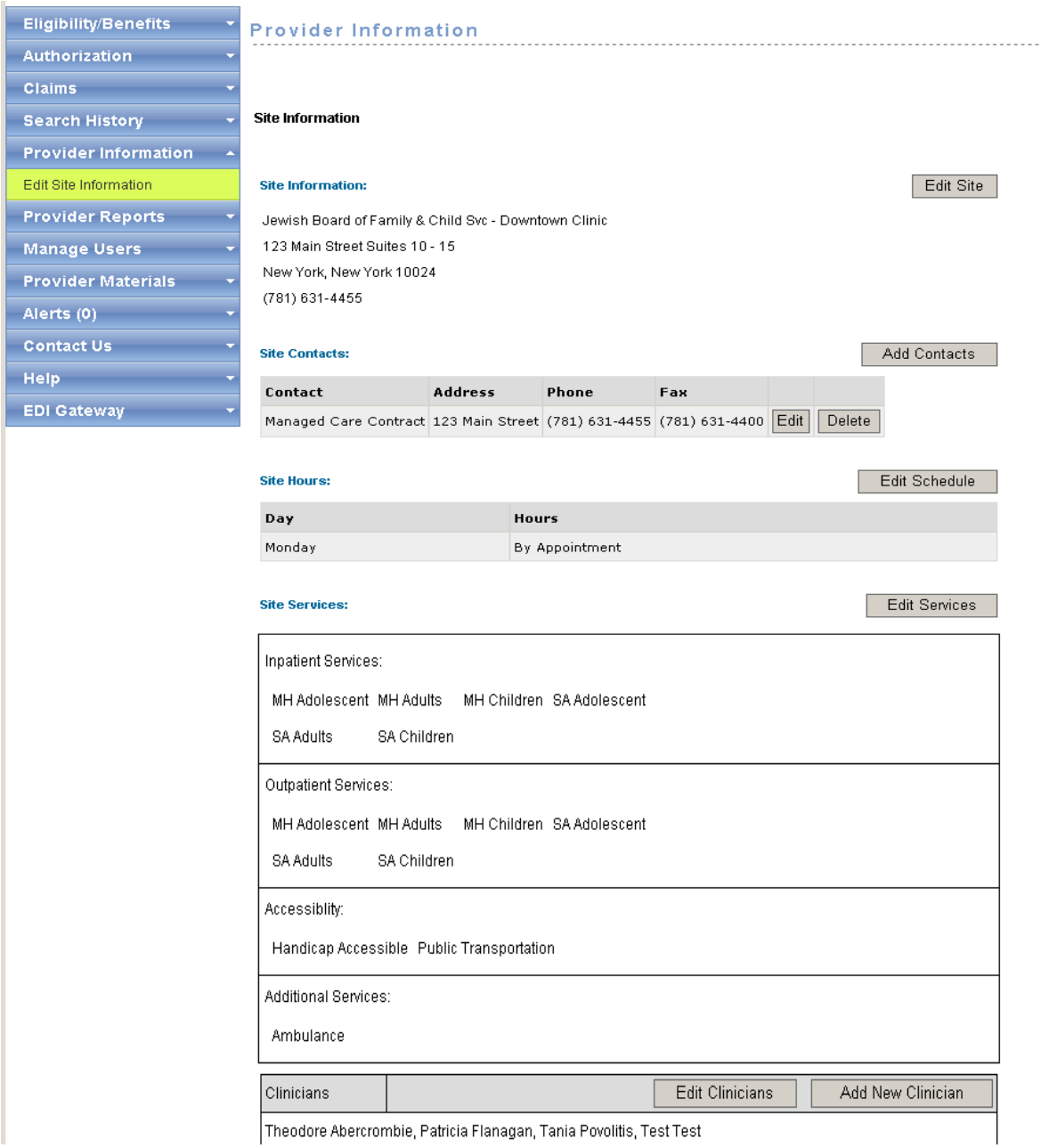
Provider Alert! Required Information

It is imperative that we have current information about providers! Our "live" provider database is used constantly, as follows:

Published in health plan provider directories;
Reported to state agencies;
Available to the public online at www.beaconhealthstrategies.com;
Shared with members to direct referrals appropriately; and
Source of email and mail addresses for important notices to providers.*

*** We are phasing out paper communication. All important notices are posted at our main website (www.chipa.com) and in eServices (See Provider Materials; Alerts), and/or sent by electronic mail.**

Choose from the blue menu bar. To update provider demographic information, select PROVIDER INFORMATION / EDIT SITE INFORMATION from the blue menu bar. All sites and locations previously provided to Beacon will appear in a drop-down menu. Select the site to review and edit.



A summary of information currently in our database is displayed. Note that many additional data elements are available to edit. Choose the area(s) to be updated. *Please recheck your entries for accuracy and capitalization (initial caps only), before clicking SUBMIT.*

EDIT SITE to update site name, site address, site phone and fax numbers, and site email address.

ADD CONTACTS to identify key personnel in your organization. Fill in the person's complete name, title, address(es), telephone, fax and email. We currently maintain contacts for the following categories, in order to distribute information appropriately:

- Administrator/Practice Manager
- Claims/Billing Manager
- CMO/ Medical Director
- Executive Director
- Intake
- Managed Care Contracting
- PA Fax/Mail/Email (Person to receive authorization notices)

EDIT next to an existing contact, to edit the person's name, title, address(es), telephone, fax, email. Email address will soon be a required field, as we are transitioning to all electronic communication with providers. Click UPDATE CONTACT INFORMATION.

DELETE next to an existing contact name, when the person changes positions or leaves the organization. Click UPDATE CONTACT INFORMATION.

EDIT SCHEDULE to enter/update the site's hours of operation, by day of the week. Recheck for accuracy. Click UPDATE SITE SCHEDULE.

EDIT SERVICES to specify whether you provide inpatient mental health, inpatient substance abuse, outpatient mental health, outpatient substance abuse, accessibility features, and additional services. Your current practice information will be displayed – edit by checking or unchecking boxes below. Click each Save button as segments are completed.

ADD CLINICIAN to provide information about a new *outpatient* clinician joining your provider organization. Follow the instructions below, under EDIT CLINICIAN to complete all fields. Note that the ADD CLINICIAN option will appear only for licensed hospitals, health centers, clinics and other facilities. Due to credentialing requirements, private practices should contact ProviderInquiry@beaconhs.com to add clinicians.

EDIT CLINICIAN to edit/update an array of important information about clinicians, and to notify Beacon when a clinician leaves the practice. Current information about the clinician is displayed at the top of the screen. Scroll down to edit the following fields.

CLINICIAN DETAILS including prefix (Mr., Ms., Dr.), name, gender, dob, ethnicity, and whether s/he is accepting new referrals. Recheck for accuracy and initial caps only. Click UPDATE CLINICIAN INFORMATION. Or click TERMINATE CLINICIAN if he or she leaves the practice.

The screen will refresh and you will see a message that your request for updates is pending. Beacon's Provider Relations staff may contact you with questions, and/or you will be notified by email after they verify the new information.

Note: Clinicians who leave the practice must be terminated from eServices to prevent unauthorized access to PHI and to alert us that the clinician's languages and specialties are no longer available.

LANGUAGE DETAILS to specify languages spoken by the clinician. The left box contains a list of all available languages and the right box lists the languages spoken ("assigned") to this clinician. Add or remove assigned languages by clicking the arrows between the boxes. Hold the shift key to highlight two or more adjacent listings, or hold the Control key to highlight multiple languages that are not adjacent within a box. Click on SAVE when done – the screen will refresh and you will see a message that your request for updates is pending. The Provider Relations staff may contact you with questions, and/or you will be notified by email after they verify the new information.

DEGREE DETAILS to identify the clinicians' professional training. Highlight a degree in the left-hand box, and assign it to the clinician by using the >> key. Or highlight an incorrect degree from the right-hand box and use the << button to remove it. Hold the shift key to highlight two or more adjacent listings, or hold the Control key to highlight multiple languages that are not adjacent within a box. Click on SAVE when done – the screen will refresh and you will see a message that your request for updates is pending. The Provider Relations staff may contact you with questions, and/or you will be notified by email after they verify the new information.

SPECIALTY DETAILS to specify up to 10 clinical specialties in which the clinician has appropriate experience and expertise. Hold the shift key to highlight two or more adjacent listings, or hold the Control key to highlight multiple languages that are not adjacent within a box. Click on SAVE when done – the screen will refresh and you will see a message that your request for updates is pending. The Provider Relations staff may contact you with questions, and/or you will be notified by email after they verify the new information.

ID DETAILS to provide NPI and other state-specific and health plan-specific identification numbers. An individual NPI number is required for each clinician, and should be included for the "rendering provider" on all claims. The items that begin with "NYS" and the Medicare number need only be completed for clinicians serving New York members. The IDX number is only required for providers in Beacon's Health Plan network. Click on

SAVE when done – the screen will refresh and you will see a message that your request for updates is pending. The Provider Relations staff may contact you with questions, and/or you will be notified by email after they verify the new information.

Provider Materials

Provider Manuals and Level-of-Care Criteria are available to contracted providers. Select PROVIDER MATERIALS from the blue menu bar, then choose PROVIDER MANUALS or LEVEL OF CARE CRITERIA. Additional options will be added in the future.

Similarly, current and archived news and bulletins can be found by clicking the ALERTS button. We encourage users to check ALERTS frequently.

Additional forms, bulletins, tools and links are available in the public area of CHIPA's website, www.chipa.com, under Providers, and Providers/Tools.

eServices Help

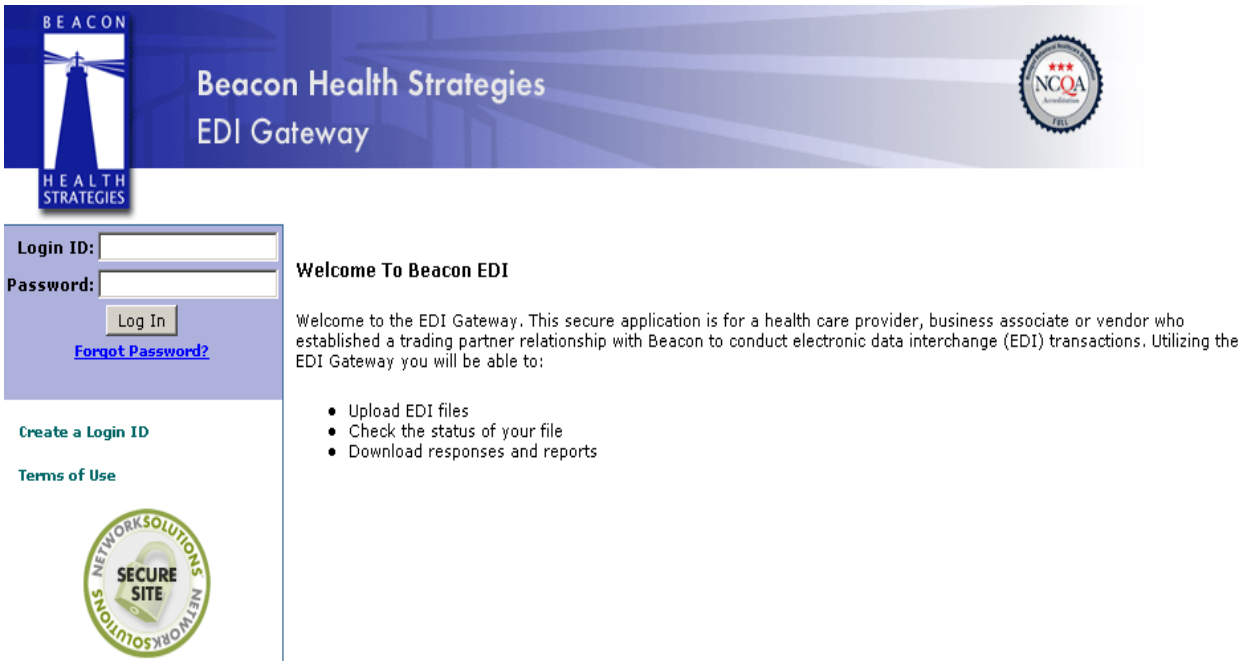
For questions or comments about eServices, please visit the Provider section on https://provider. chipa.com, email eServices@beaconhs.com.

If you are having trouble finding a member, submitting a claim, or submitting an authorization please make sure that all of the required information fields have been filled in.

ELECTRONIC DATA INTERCHANGE (EDI)

We accept standard HIPAA 837 Professional and Institutional health care claims transactions as well as provide 835 transactions through EDI. Download the 837 and 835 companion guides from http://www.chipa.com/Resources/Hipaa/ for information regarding testing.

Electronic Data Interchange, or EDI, can be accessed at the Beacon eServices site. To access EDI, select EDI GATEWAY from the blue menu bar. The EDI Gateway will open, allowing you to upload EDI files, check the status of files, and download responses and reports.


BEACON
HEALTH STRATEGIES
Beacon Health Strategies
EDI Gateway
NCQA
Login ID:
Password:
Log In
Forgot Password?
Create a Login ID
Terms of Use
SECURE SITE
Welcome To Beacon EDI
Welcome to the EDI Gateway. This secure application is for a health care provider, business associate or vendor who established a trading partner relationship with Beacon to conduct electronic data interchange (EDI) transactions. Utilizing the EDI Gateway you will be able to:
Upload EDI files
Check the status of your file
Download responses and reports

EDI Help

Technical and business related questions regarding EDI should be directed to edi.operations@beaconhs.com.